

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

DATE: _____

 FULL TIME

 PART TIME

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PERSONAL INFORMATION			IDENTIFYING DATA	
NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER (OPTIONAL BEFORE HIRE)	HOME PHONE:
CURRENT ADDRESS - STREET			- -	
CITY	STATE	ZIP	IF HIRED, WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORKING? _____	
PRIOR US ADDRESS - STREET (OPTIONAL)			<input type="checkbox"/> CAN <input type="checkbox"/> CANNOT WORK ON SATURDAYS <input type="checkbox"/> CAN <input type="checkbox"/> CANNOT WORK ON SUNDAYS <input type="checkbox"/> CAN <input type="checkbox"/> CANNOT WORK NIGHTS OR EVENINGS (OTHER THAN FOR RELIGIOUS REASONS)	
CITY	STATE	ZIP	I MAY BE CONTACTED AT PHONE NO. _____ IN CARE OF _____	
PRIOR US ADDRESS - STREET (OPTIONAL)			IF YOU WISH US TO CONTACT YOU AT HOME REGARDING THIS JOB. IF NO ANSWER PLEASE CALL: _____	
CITY	STATE	ZIP	EMERGENCY PHONE NUMBER: _____	
TOTAL YEARS OF PRE-UNIVERSITY SCHOOLING			U.S. MILITARY SERVICE	
CIRCLE YEAR COMPLETED (DO NOT ANSWER FOR JOBS WHICH DO NOT REQUIRE EDUCATIONAL EXPERIENCE, SUCH AS MAIDS)			BRANCH: _____	
1 2 3 4 5 6 7 8 9 10 11 12			MILITARY SPECIALTIES (OPTIONAL)	
COLLEGE	YRS.	DEGREE	SALARY EXPECTED: _____ (OPTIONAL) TO START \$ _____ PER _____ AFTER _____ MONTHS, _____ PER _____	
			GIVE NAME, ADDRESS, OFFICE OR HOME PHONE (DO NOT SHOW RELATIVES AS REFERENCES)	
SUBJECTS STUDIED			1. _____	
MAY BE CONTINUED OR DISCUSSED ON SEPARATE SHEET.			PHONE _____	
MAJOR INTEREST:			2. _____	
TALENTS - SKILLS			PHONE _____	
(OPTIONAL)			3. _____	
SPECIAL ACCOMPLISHMENTS:			PHONE _____	
DO NOT WRITE BELOW THIS LINE				
PERSONNEL ACTIONS				
(YOU MAY WISH TO LIST SIGNIFICANT EXPERIENCE GAINED WHILE WORKING ON A VOLUNTEER BASIS OR AS A HOBBYIST. USE SEPARATE SHEET IF REQUIRED.)			INTERVIEWED BY 1. _____	
CURRENT STUDIES OR RESEARCH			INTERVIEWED BY 2. _____	
			DATE INTERVIEWED 1. ___/___/___ 2. ___/___/___	
			HIRED EFFECTIVE ___/___/___ <input type="checkbox"/> FULL <input type="checkbox"/> PART TIME	
			PROBATION UNTIL ___/___/___ <input type="checkbox"/> _____ DAYS	
			LAID OFF EFFECTIVE ___/___/___ <input type="checkbox"/> RETIRED	
			PROBATION PERIOD EXTENDED TO _____	
SPECIAL STUDIES:			TURNED IN AT SEPARATION: <input type="checkbox"/> KEYS <input type="checkbox"/> FUNDS	
			<input type="checkbox"/> TOOLS <input type="checkbox"/> MANUALS <input type="checkbox"/> I.D. <input type="checkbox"/> CREDIT CARDS	
			<input type="checkbox"/> RECORDS <input type="checkbox"/> SAMPLES <input type="checkbox"/> CAR <input type="checkbox"/> EQUIPMENT	
			HIRED CONDITIONALLY, EFFECTIVE _____	
			TERMINATED EFFECTIVE _____	
			REMARKS:	
			STARTING DATE _____	
			STARTING SALARY \$ _____ PER _____	

THIS FORM IS DESIGNED FOR MAXIMUM LEGALITY THROUGHOUT NORTH AMERICA, INCLUDING CANADA

EMPLOYMENT RECORD															
FORMER EMPLOYMENT		(BEGINNING WITH LATEST OR PRESENT EMPLOYMENT)													
COMPANY NAME:		TITLE OF MY JOB													
COMPANY ADDRESS		MY IMMEDIATE SUPERVISOR			TITLE										
PHONE NO.	ZIP CODE	HIS/HER IMMEDIATE SUPERVISOR			TITLE										
MY RESPONSIBILITIES INCLUDED:		MY DUTIES INCLUDED:													
I LEFT BECAUSE: <input type="checkbox"/> FURTHER MY EDUCATION <input type="checkbox"/> REQUIRED MORE PROFITABLE OPPORTUNITY <input type="checkbox"/> LAID OFF <input type="checkbox"/> SEEKING GREATER CHALLENGE <input type="checkbox"/> TERMINATED <input type="checkbox"/> RESIGNED <input type="checkbox"/> END OF PROBATIONARY PERIOD <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> NO SPECIFIC REASON <input type="checkbox"/> OTHER		FROM _____ TO _____ (INCLUSIVE DATES) MY SALARY PER <input type="checkbox"/> HOUR PER <input type="checkbox"/> HOUR STARTING \$ _____ <input type="checkbox"/> MONTH FINAL \$ _____ <input type="checkbox"/> MONTH													
COMPANY NAME:		TITLE OF MY JOB													
COMPANY ADDRESS		MY IMMEDIATE SUPERVISOR			TITLE										
PHONE NO.	ZIP CODE	HIS/HER IMMEDIATE SUPERVISOR			TITLE										
MY RESPONSIBILITIES INCLUDED:		MY DUTIES INCLUDED:													
I LEFT BECAUSE: <input type="checkbox"/> FURTHER MY EDUCATION <input type="checkbox"/> REQUIRED MORE PROFITABLE OPPORTUNITY <input type="checkbox"/> LAID OFF <input type="checkbox"/> SEEKING GREATER CHALLENGE <input type="checkbox"/> TERMINATED <input type="checkbox"/> RESIGNED <input type="checkbox"/> END OF PROBATIONARY PERIOD <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> NO SPECIFIC REASON <input type="checkbox"/> OTHER		FROM _____ TO _____ (INCLUSIVE DATES) MY SALARY PER <input type="checkbox"/> HOUR PER <input type="checkbox"/> HOUR STARTING \$ _____ <input type="checkbox"/> MONTH FINAL \$ _____ <input type="checkbox"/> MONTH													
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READ THE FOLLOWING AND SIGN BELOW				DO NOT WRITE BELOW THIS LINE											
SKIP THIS QUESTION IN ARIZONA IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE EITHER : 1) A US CITIZEN, OR 2) THAT YOUR IMMIGRATION STATUS PERMITS YOU TO LAW-FULLY WORK IN THIS COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/>		SHADE L T O R		POOR		BELOW AVERAGE		AVER- AGE		ABOVE AVERAGE		SUPERIOR		QUALITIES (JOB RELATED)	
		INTERVIEWERS NUMBER 1 & 2		1											
2															
1														KNOWLEDGE OF JOB	
2															
1															
2														ABILITY TO EXPRESS	
1															
2															
1														TOTAL	
2															
INTERVIEWERS REMARKS															
REMARKS EMPLOYER'S _____ APPLICANT'S _____		FIRST INTERVIEWER:													
		SECOND INTERVIEWER:													
STANDARDS OF QUALIFICATIONS ARE APPLIED EQUALLY TO ALL APPLICANTS <input type="checkbox"/> I HAVE NOT ANSWERED QUESTIONS WHICH TEND TO BE IN MY OPINION, UNLAWFUL OR DISCRIMINATORY															
APPLICANT'S SIGNATURE *															

USING THE LINES MARKED "1" OR "2" ABOVE (SHADED OR UNSHADED) DRAW LINES FROM LEFT TO RIGHT, INDICATING YOUR APPRAISAL OF THE APPLICANT'S QUALITIES. SIGN YOUR NAME OPPOSITE THE APPROPRIATE BOX, AND DATE THE ENTRY. EMPLOYERS MAY ALTER OR DELETE SUBJECTIVE QUALITIES.